

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11777**  
Registrar's No. \_\_\_\_\_

Registration District No. **588**

Primary Registration District No. **5786a**

1. PLACE OF DEATH:

(a) County **Montgomery**  
(b) City or town **Near Danville RURAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community **1yr**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **James William Jones 520**

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 24 th 1854**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **7** Days **II** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Montgomery**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John H. Jones**  
13. Birthplace **Montgomery Co Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susan Mc Cormmick**  
15. Birthplace **Montgomery City Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Carl Underwood**

(b) Address **Montgomery Star Route**

17. (a) **Burial** (b) Date thereof **3/7/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mont omerly City Cem**

18. (a) Signature of funeral director **C. W. Hopkins**

(b) Address **Montgomery City Mo 870**

19. (a) **April 1944** (b) **Mrs. V. Cullom**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5 th**  
year **1940** hour **7 am** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 3,** 19 **40** to **March 5,** 19 **40**

that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Bronchitis, acute**

Due to **10 1/2 hr**

Due to \_\_\_\_\_

Other conditions **Asthma, chronic**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Paul Messinger** (M. D. or other) \_\_\_\_\_

Address **Montgomery City** Date signed **3-7-40**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by on the 5  
day of March 1940, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

I487

P. O. Address Montgomery City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**